

Fill in this information to identify the case and this filing:

Debtor Name	Integrated Insight Therapy, LLC
United States Bankruptcy Court for the:	Northern District of Iowa (State)
Case number (if known):	_____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Sep 8, 2023
MM / DD / YYYY

 Joel L. Watts
Joel L. Watts (Sep 8, 2023 00:00 MDT)

Signature of individual signing on behalf of debtor

Joel Watts

Printed name

Founder

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Integrated Insight Therapy, LLC
United States Bankruptcy Court for the:	Northern
	District of Iowa (State)
Case number (If known):	_____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Lendor Capital	855-536-3672	Contract				164,770
2 Kapitus	800-780-7133	Contract				163,390
3 Cedar Advance	718-400-9030	Contract				144,220
4 Delta Bridge Funding	contact@deltabridge.us	Contract				144,220
5 Capital Assist 243 Tresser Blvd, 17th Flr Stamford, CT 06901		Contract				100,150
6 SBA Loan	833-572-0502	Loan				68,090
7 Marlin Bank		Loan				18,410
8 Marriott American Express	336-393-1111	Credit Card				1,500

Debtor

Integrated Insight Therapy, LLC

Name

Case number (*if known*) _____

Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim					
9	Amazon Business Prime Card		Credit Card				1,210
10	U.S. Bank Credit Card		Credit Card				1,160
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name	Integrated Insight Therapy, LLC		
United States Bankruptcy Court for the:	Northern	District of	Iowa
Case number (If known):	_____		

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 71,010

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 71,010

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 0

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 807,120

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 807,120

Fill in this information to identify the case:

Debtor name Integrated Insight Therapy, LLC

United States Bankruptcy Court for the: Northern District of Iowa
(State)

Case number (if known): _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ 0 _____		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. U.S. Bank, N.A.	Checking	5 0 9 9	\$ 800
3.2. First Colorado National	Checking	1 2 3 5	\$ 0
3.3. JBBS	Checking	4 5 1 1	\$ 150
4. Other cash equivalents (<i>Identify all</i>)			
4.1. Undeposited funds			\$ 1,160
4.2. _____			\$ _____
5. Total of Part 1	\$ 2,110		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. Rental Deposits, various	\$ 6,500
7.2. _____	\$ _____

Debtor Integrated Insight Therapy, LLC
Name _____

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. MCA Resolve

\$ 23,550

8.2. _____

\$ 15,460

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 39,660

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: face amount - doubtful or uncollectible accounts = → \$ _____

11b. Over 90 days old: face amount - doubtful or uncollectible accounts = → \$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Integrated Insight Therapy, LLC

Name

Case number (if known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	---	---	------------------------------------

19. Raw materials

MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

 No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

 No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

 No
 Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

\$ _____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

\$ _____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

\$ _____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

\$ _____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

\$ _____ \$ _____ \$ _____

Debtor Integrated Insight Therapy, LLC
Name _____

Case number (if known) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

No

Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No

Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

including office equipment but excluding computers \$ 59,490 Book \$ 14,790

40. Office fixtures

\$ _____ \$ _____ \$ _____

41. Office equipment, including all computer equipment and communication systems equipment and software

\$ 19,910 Book \$ 4,450

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 \$ _____ \$ _____

42.2 \$ _____ \$ _____

42.3 \$ _____ \$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 19,240

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Debtor

Integrated Insight Therapy, LLC

Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor

Integrated Insight Therapy, LLC

Name

Case number (if known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Various leases, office and residential	Tenant	\$ 0		\$ 0
55.2		\$ _____		\$ _____
55.3		\$ _____		\$ _____
55.4		\$ _____		\$ _____
55.5		\$ _____		\$ _____
55.6		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____		\$ _____
61. Internet domain names and websites	\$ _____		\$ _____
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____		\$ _____
64. Other intangibles, or intellectual property	\$ _____		\$ _____
65. Goodwill	\$ _____		\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Schedule A/B

Part 9 Real Property

Street Address	Type of Property	Nature & Extent of Debtor's Interest in Property	Net Book Value of Debtor's Interest	Current Value of Debtor's Interest
55.1 543 Main St., Delta, CO 81416	Office	Tenant	\$0	\$0
55.2 225 Minnesota Ave., Paonia, CO 81428	Office (Clinic Space)	Tenant	\$0	\$0
55.3 1555 Summit St., Norwood, CO 81423	House	Tenant	\$0	\$0
55.4 300 N. Townsend Ave., Block 55 Lot 13, Montrose, CO 81401	Office	Tenant	\$0	\$0
55.5 1414 Hawk Parkway, Unit C, Montrose, CO 81401	Office	Tenant	\$0	\$0
55.6 540 Main St., Suite No. 112 Delta, CO, 81416	Office	Tenant	\$0	\$0
55.7 140 W. 1st St., Cortez, CO	Office	Tenant	\$0	\$0
55.8 1753 Main St., Grand Junction, CO 81504	Office	Tenant	\$0	\$0
55.9 959 Meeker St., Delta, CO 81416	House	Tenant	\$0	\$0
55.10 631 Palmer St., Delta, CO 81416	House	Tenant	\$0	\$0
55.11 111 North Park Street, Cortez, CO 81321	Office	Tenant	\$0	\$0
55.12 555 Meeker St., Delta, CO 81416	Office	Tenant	\$0	\$0
55.13 2560 Patterson Road, Grand Junction, CO 81501	Office	Tenant	\$0	\$0

Debtor Integrated Insight Therapy, LLC
Name _____

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → \$ _____

doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Amanda Thurston

Nature of claim	Claim for tortious interference	\$ _____
Amount requested	\$ _____	

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim	_____
Amount requested	\$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Uncategorized asset _____ \$ 10,000 _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 10,000 _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor

Integrated Insight Therapy, LLC

Name

Case number (if known) _____

Part 12:**Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 2,110	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 39,660	
82. Accounts receivable. Copy line 12, Part 3.	\$ _____	
83. Investments. Copy line 17, Part 4.	\$ _____	
84. Inventory. Copy line 23, Part 5.	\$ _____	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 19,240	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ _____	
88. Real property. Copy line 56, Part 9.	→	\$ 0 _____
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ _____	
90. All other assets. Copy line 78, Part 11.	+ \$ 10,000	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 71,010	+ 91b. \$ 0 _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 71,010 _____

Fill in this information to identify the case:

Debtor name Integrated Insight Therapy, LLC
United States Bankruptcy Court for the: Northern District of Iowa
(State)
Case number (If known): _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value
of collateral.

Column B
Value of collateral
that supports this
claim

2.1 Creditor's name	Describe debtor's property that is subject to a lien	
Creditor's mailing address	\$ _____	
Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.2 Creditor's name	Describe debtor's property that is subject to a lien	
Creditor's mailing address	\$ _____	
Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ _____

Fill in this information to identify the case:

Debtor Integrated Insight Therapy, LLC
United States Bankruptcy Court for the: Northern District of Iowa
(State)
Case number (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ _____
2.2 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ _____
2.3 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$ _____

Debtor

Integrated Insight Therapy, LLC

Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Amazon Business Prime Card	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Credit Card
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number 1 0 0 3	
3.2	Nonpriority creditor's name and mailing address Capital Assist	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Merchant Account Agreement
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	
3.3	Nonpriority creditor's name and mailing address Cedar Advance LLC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Merchant Account Agreement
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	
3.4	Nonpriority creditor's name and mailing address Delta Bridge Funding	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	
3.5	Nonpriority creditor's name and mailing address Kapitus	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Merchant Account Agreement
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	
3.6	Nonpriority creditor's name and mailing address Lendor Capital	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Merchant Account Agreement
	Date or dates debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number	

Debtor

Integrated Insight Therapy, LLC

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Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Marlin Bank	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 18,410
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Marriott American Express	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,500
		Basis for the claim: Business Credit Card	
	Date or dates debt was incurred _____ Last 4 digits of account number 2_0_0_5	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address SBA Loan	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 68,090
		Basis for the claim: Business loan	
	Date or dates debt was incurred _____ Last 4 digits of account number 7_8_0_4	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address U.S. Bank credit card	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,160
		Basis for the claim: Business Credit Card	
	Date or dates debt was incurred _____ Last 4 digits of account number 9_2_6_2	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3._____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Integrated Insight Therapy, LLC

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Case number (if known) _____

Part 4:**Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ _____

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$ _____

Fill in this information to identify the case:

Debtor name Integrated Insight Therapy, LLC
United States Bankruptcy Court for the: Northern District of Iowa
(State)
Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____

Schedule G

Contracts and Leases

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.1 Lease	Tenant	3 years		CIT Bank, N.A., 10201 Centurion Parkway N. #100 Jacksonville, FL 32256
2.2 Lease	Tenant			Prosperity & Health LLC, 225 Minnesota Ave., Paonia CO 81428
2.3 Sublease	Subtenant	7 Months		Mesa Owen (Sublessor)
2.4 Commercial Lease	Tenant	Commenced July 01, 2023, 6 month term with first option to extend		Connect Atlas LLC, 300 N. Townsend Ave, Montrose CO 81401
2.5 Commercial NNN Lease	Tenant	9 Months		Deep Creek #5, LLC, PO Box 1990, Telluride, CO 81435
2.6 Commercial Lease	Tenant			Nesly LLC, 514 28 1/4 Rd., Suite 5 Grand Junction, CO 81501
2.7 Lease	Tenant	3 Months		3 G LLC, 140 W. 1st St., Cortez, CO 81321

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.8 Lease	Tenant	10 Months		Linda McKee, address not provided by landlord
2.9 Lease	Tenant	1 Month		Aardvark Realty, 248 Main St., Delta, CO 81416
2.10 Lease	Tenant			Ruth Belabbas, address not provided
2.11 Commercial Lease	Tenant	3 Years and 3 Months		B&K Demby Trust, LLC, address not provided by landlord
2.12 Commercial Lease	Tenant	4 Years and 1 Month		Delta Family Physicians LLP, 20981 Fairview Rd., Austin, CO 81410
2.11 Business Lease	Tenant/Lessee	4 Years and 7 Months		Dam Mad Land Company, LLC, 1888 Deer Park Circle North Grand Junction, CO 81507
2.13 Consultant Agreement	Employer of Consultant	Effective Until Terminated by either party or completion		Cascadia Management Group, 269 W. Front St., Suite D, Missoula, MT 59802

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.14 Client Accounting Services	Client	3 Months		DWC Advisors, 464 Main St., PO Box 430, Grand Junction, CO 81502-0430
2.15 Account Services	Client	Unidentifiable		RingCentral, address not provided by service provider
2.16 Contract for Pharmacy Products	Client/Contracting Entity	Continuous until terminated by either party		Genoa Healthcare LLC, 605 E. Miami, Rd., Suite 100 Montrose, CO 81401
2.17 Equine Assisted Psychotherapy and Facility Use Agreement	User of facility	Unidentifiable		Kelly Jones dba Unbridled Connection, address not provided by facility owner.
2.18 Licensing Designation Report	Reported on entity	Expired August 31, 2023; Site Visit occurred August 30, 2023, report formulated August 31, 2023		Elissa Baker, LPC Colorado Behavioral Health Administration, address not provided

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.19 Licensing Designation Report	Reported on entity	Expired August 31, 2023; Site Visit occurred August 30, 2023, report formulated August 31, 2024		Elissa Baker, LPC Colorado Behavioral Health Administration, address not provided
2.20 Provider Agreement	Contractor	10 Months		Rocky Mountain Health Maintenance Organization, Inc., address not provided
2.21 Professional Services Contract for	Contractor	8 Months	RFQ-CORE-2020	Mesa County, Colorado
2.22 Business Debt Resolution and Settlement Agreement	Client	17 Months		MCA Resolve, LLC, 220 Congress Park STE 215 Delray Beach, FL 33445
2.23 Business Debt Resolution and Settlement Agreement	Client	12 Months		MCA Resolve, LLC, 220 Congress Park STE 215 Delray Beach, FL 33446

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.24 Stabilization of clients; community health	Contractor			Delta County Alternative Sentencing Department, 550 Palmer Street, #350, Delta, CO 81416-1610
2.25 Service Agreement	Provider of mental health services	11 Months		Office of Civil and Forensic Mental Health in the Colorado Department of Human Services, 1575 Sherman Street, Denver, CO 80203
2.26 Service Agreement	Service Provider	31-May-23	2022-111	Montrose County Human Services
2.27 Lease	Tenant			225 Minnesota Ave., Paonia, CO 81428
2.28 Lease	Tenant			1555 Summit St., Norwood, CO 81423
2.29 Lease	Tenant			300 N. Townsend Ave., Block 55 Lot 13, Montrose, CO 81401
2.30 Lease	Tenant			1414 Hawk Parkway, Unit C, Montrose, CO 81401
2.31 Lease	Tenant			540 Main St., Suite No. 112, Delta, CO, 81416
2.32 Lease	Tenant			140 W. 1st St., Cortez, CO
2.33 Lease	Tenant			1753 Main St., Grand Junction, CO 81504
2.34 Lease	Tenant			959 Meeker St., Delta, CO 81416
2.35 Lease	Tenant			631 Palmer St., Delta, CO 81416
2.36 Lease	Tenant			

Purpose of Contract	Nature of Debtor's Interest	Term Remaining	Contract Number	Other Party Name & Mailing Address
2.37 Lease	Tenant		111 North Park Street, Cortez, CO 81321	
2.38 Lease	Tenant		555 Meeker St., Delta, CO 81416	
2.39 Lease	Tenant		2560 Patterson Road, Grand Junction, CO 81501	

Fill in this information to identify the case:

Debtor name Integrated Insight Therapy, LLC
United States Bankruptcy Court for the: Northern District of Iowa
(State)
Case number (If known): _____

Check if this is an
amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G